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ABSTRACT

This kit helps communities use research from the National Institute on Drug Abuse (NIDA) to make local prevention and treatment programs more effective. The kit describes some of NIDA's research on the nature of addiction and the anatomy of the brain's response to drugs. Suggestions are given for putting the NIDA principles of prevention to work, emphasizing that prevention programs should target all forms of abuse. Prevention programs, research suggests, should be interactive and should work to strengthen norms against drug use in all populations. NIDA has also suggested principles of treatment, and these are reviewed. They center around the availability of treatment and the importance of counseling. Some specific suggestions to improve local programs also emphasize the need to assess existing local problems in designing responses. Some illustrations of slides available from the NIDA are included, as is a list of NIDA prevention principles. (SLD)

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ED 441 933

2000 Monthly Action Kit

How Communities Can Strengthen Their Strategies to Fight Drug Abuse Using Research from the National Institute on Drug Abuse (NIDA)

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May, 2000

POPULAR NIDA RESOURCES

The National Institute on Drug Abuse (NIDA) produces a number of tools to help you communicate their latest research findings to others in your community. These include user-friendly fact sheets, newsletters on timely topics, videotapes, clinical reports and school programs geared specifically to youth. Some of this material is available online at **www.nida.nih.gov** or **www.drugabuse.gov.** One page fact sheets on various topics are accessible by NIDA Infofax. To use this option, call 1-888-644-6432. You can also order NIDA publications from the National Clearinghouse for Alcohol and Drug Information (NCADI) by calling 1-800-729-6686 and referring to the publication number indicated below.

Preventing Drug Use Among Children and Adolescents (1997)
This booklet provides important research-based concepts and information to further efforts to develop and carry out effective drug abuse prevention programs. (NCADI # PHD734)

Principles of Drug Addiction Treatment: A Research-Based Guide (1999)
This guide offers 13 principles for communities to use to develop treatment services. This is the first research-based guide ever to be produced on this subject. These principles address addiction, drug treatment, and recovery. Examples of effective treatment programs are also described. (NCADI # BKD347)

Marijuana: Facts for Teens (revised 1998)
This booklet explains the current knowledge about marijuana and the latest scientific information on its effects. It also provides teens with answers to frequently asked questions about marijuana use and effects, both over the short and long term. (Also available in Spanish) (NCADI # PHD713)

Marijuana: Facts Parents Should Know (revised 1998)
This booklet provides valuable scientific information on marijuana for parents. (Also available in Spanish) (NCADI # PHD712)

Mind Over Matter Series (1998)
This thought-provoking series targeted to middle school-age youth consists of information about the effects of various drugs on the brain in a way that young people can understand.
(NCADI #s for the series: PHD800L - PHD807L)

Economic Costs of Alcohol and Drug Abuse in the United States, 1992 (1998)
This document provides a scholarly assessment of current findings and knowledge concerning the cost of alcohol and drug use to society and underscores the cost savings and social benefits derived from the reduction of alcohol and drug use. Interprets data in the areas of cost and cost analysis. (NCADI # BKD265)

Use NIDA's Slides to Educate Others in Your Community

NIDA has developed a packet of slides that can be used as a tool to help community leaders, teachers and others present scientific information in a way that can be easily understood by students, parents and policymakers. The slides illustrate the basic functions of the brain, describe the neurobiological basis for addiction, and reveal the effects various drugs have on brain function. Pictures of sample slides are included in this packet. Download additional slides, along with talking points, from Join Together Online at **www.jointogether.org/NIDAslides/** Join Together can also email you the Power Point File with the slides or send you color overheads. Call Join Together at (617) 437-1500, or use the faxback form in this kit to request either of these options.

HOW COMMUNITIES CAN STRENGTHEN THEIR STRATEGIES TO FIGHT DRUG ABUSE USING RESEARCH FROM THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

Join Together's Action Kits encourage a broad array of groups and individuals to *take action* on timely issues affecting their communities. Our goal is to help reduce substance abuse at the local level. Our experience and results of our national survey indicate that communities that have strategies are more successful in their efforts. An effective strategy is developed when *local leadership* uses *local data* to assess – and respond to – local problems by forging *linkages* with other groups who can help. We encourage you *to use* the information presented here to develop, implement or revise your local strategy to reduce substance abuse.

This Action Kit was produced with funds generously provided by the National Institute on Drug Abuse. NIDA's mission is to lead the Nation in bringing the power of science to bear on drug abuse and addiction.

How can communities enhance their efforts to fight drug abuse? One way is by using the facts and findings from research conducted by the National Institute on Drug Abuse (NIDA) to make local prevention and treatment programs more effective. NIDA has done extensive research on the causes and effects of drug abuse and identified common principles shared by successful and effective prevention and treatment efforts. Over the last few years, NIDA has been sharing these findings broadly with community leaders at Town Meetings held across the country and other venues. You, too, can use NIDA's principles of effective prevention and treatment programs and the latest information regarding the effects of drug use on the brain to guide your community's response to local drug problems. For instance, NIDA reports that effective prevention programs comprehensively target *all* forms of drug abuse, including tobacco, alcohol, marijuana and inhalants. Do the prevention programs in your schools and community address all of these drugs? If not, take action to modify or expand your community's programs. Regarding treatment, NIDA research indicates that no single modality is appropriate for all individuals. Therefore, look at the range of treatment options in your community to determine what action needs to be taken to ensure that the treatment settings, interventions and services available meet the breadth of all clients' needs.

This Kit also describes some of NIDA's research on the nature of addiction and the anatomy of the brain's response to drugs. This information is crucial in helping people understand that addiction is a chronic relapsing disease like asthma and diabetes and needs to be viewed and treated in the same way.

Use NIDA's findings to educate your peers, policy makers, the media and residents about what works when it comes to preventing and treating drug abuse, and to garner support for an evidence-based strategy. NIDA publications and resources are available to help translate scientific-based information into easy-to-understand terms. Some of these are referenced in this Kit. For more about NIDA's research and publications, visit **www.nida.nih.gov/** or call 1-888-644-6432. When people have a clearer understanding of the nature of drug abuse and addiction and what works to prevent and treat drug abuse, they are more likely to lend their support.

SOME FACTS ABOUT DRUG ABUSE

This fact sheet includes a sampling of the type of information that is available from NIDA, both online and through print publications. Compare these facts with data gathered locally to understand the scope of drug use and addiction in your community.

- The estimated economic costs to society for alcohol and drug abuse was $276 billion for 1995 (projected from 1992, the latest year for which data are available) (*"The Economic Costs of Alcohol and Drug Abuse in the United States, 1992,"* National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health).
- During 1998, approximately one-third of all new AIDS cases in the U.S. were related directly or indirectly to injection drug use (*NIDA Notes*, Volume 14, Number 2, page 15).
- Club drugs such as MDMA (Ecstasy), GHB, Rohypnol, ketamine, methamphetamine, and LSD are gaining popularity among young people in the party scene. These drugs have been shown to cause serious health problems and, in some cases, even death (*NIDA Community Drug Alert Bulletin on Club Drugs*, December 1999).
- New intravenous drug users acquire the Hepatitis C virus (HCV) rapidly, with reported rates of 65 to 78 percent within one to two years of use (NIDA, 2000).
- Recent research conducted by NIDA has identified two chemicals in the brain of mice that appear to play an important role in the addiction process. The research reveals that prolonged drug use causes a "switch" to go on in the brain, symbolizing the onset of addiction. This new research begins to explain what the switch is and how it works. This sheds new light to help scientists come closer to understanding the causes of addiction (*NIDA Notes*, Volume 14, Number 2).
- Recent epidemiologic studies have shown that between 30 and 60 percent of drug abusers have concurrent mental health diagnoses including personality disorders, major depression, schizophrenia, and bipolar disorder (*NIDA Notes*, Volume 14, Number 4).
- Drug abusers who also suffer from mental illness are more likely to engage in behaviors that increase risk for HIV/AIDS. For example, two studies of injecting drug abusers have found that antisocial personality disorder (APD) is associated with a higher frequency of needle sharing (*NIDA Notes*, Volume 14, Number 4).
- Drug treatment reduces drug use by 40 to 60 percent and significantly decreases criminal activity during and after treatment (Alan I. Leshner, PhD., "Science-Based Views of Addiction," *The Journal of the American Medical Association*, October 13, 1999, Volume 282, Number 14).
- Injection drug users who do not enter treatment are up to 6 times more likely to become infected with HIV than injection drug users who enter and remain in treatment (Ibid).

Much of this information is taken from *NIDA Notes*, a bimonthly newsletter covering drug abuse treatment and prevention research. For a free subscription, send a fax to (240) 632-0519 or email: nidanotes@masimax.com. *NIDA Notes* can also be found on NIDA's website.

THE EFFECTS OF DRUGS ON THE BRAIN

Scientific advances, particularly over the past decade, have catapulted both our understanding of addiction and approaches to treating it. Research has in fact come to define addiction as a chronic, and for many people, reoccurring disease characterized by compulsive drug seeking and use in spite of negative consequences that results from the prolonged effects of drugs on the brain. A variety of studies of both humans and animals have demonstrated that prolonged drug use does in fact change the brain in fundamental ways that persist long after the individual has stopped taking drugs. By using advanced brain imaging technologies we can see what we believe to be the biological core of addiction.

The figure below shows one example of how long-term drug use can dramatically alter the human brain. These images show dopamine transporter binding in four different adults. The dopamine transporter is a key protein involved in the communication process between dopamine containing neurons. The scan on the left is that of a non-drug user, the next is of a chronic methamphetamine user who was drug free for about three years when this image was taken, followed by a chronic methcathinone abuser who was also drug free for about three years. The last image is of the brain of an individual newly diagnosed with Parkinson's Disease. When compared with the control on the left, one can see the significant loss in the brain's ability to transport dopamine back into brain cells. Dopamine function is critical to emotion regulation, is involved in the normal experience of pleasure and is involved in controlling an individual's motor function.

Moreover, the data now suggest that every drug of abuse – be it nicotine, heroin, cocaine, marijuana or amphetamine – increases the levels of the neurotransmitter dopamine in the brain pathways that control pleasure. It is this change in dopamine that we have come to believe is one fundamental characteristic of all abusable drugs and may be a central part of the common essence or biological core of addiction.

This kind of fundamental knowledge that NIDA-supported research generates gives us critical new insight into the long-term effects of drug exposure on the human brain and basic neuroscience research can provide new targets and approaches for the development of addiction medications.

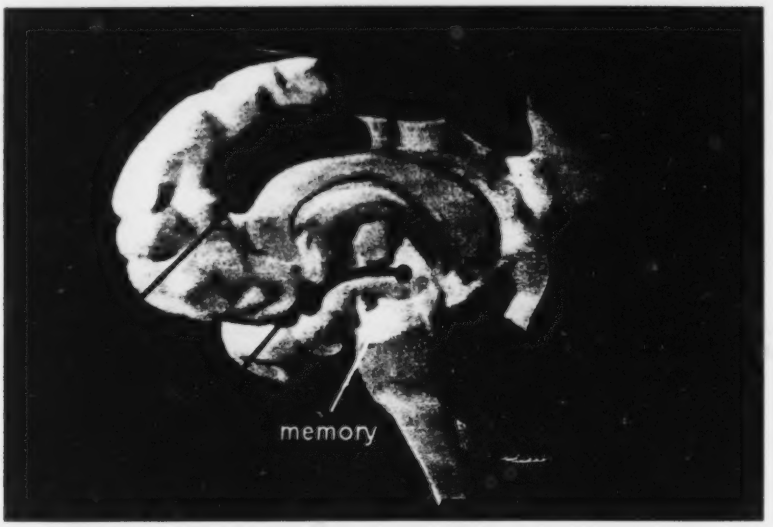
The above text is an excerpt from a draft of NIDA's Strategic Plan. At the date of this printing, this document was not yet in final form. To view the most recent version of the strategic plan, visit NIDA's website at www.nida.nih.gov.

Club Drugs Pose Serious Dangers

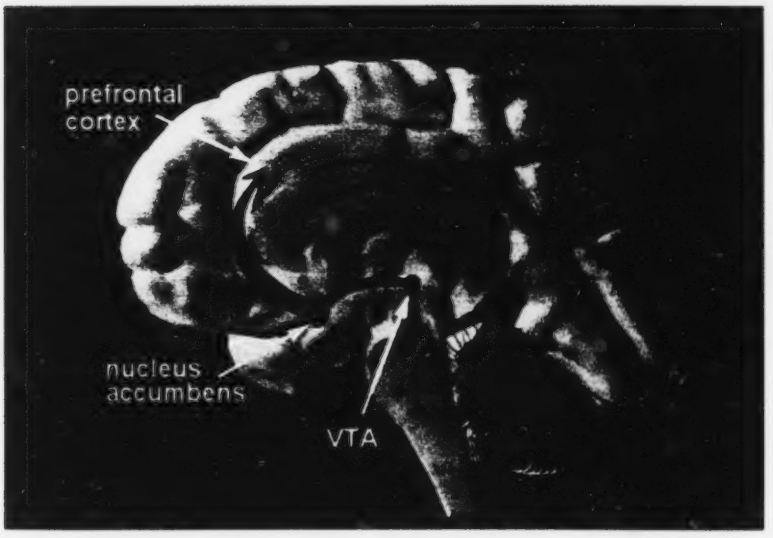
Uncertainties about the sources, chemicals, and possible contaminants used to manufacture many club drugs make it extremely difficult to determine toxicity and resulting medical consequences. Because some club drugs are colorless, tasteless, and odorless, individuals who want to intoxicate or sedate others can add them unobtrusively to beverages. In recent years, there has been an increase in reports of club drugs used to commit sexual assaults (*NIDA Community Bulletin on Club Drugs*).

SAMPLE SLIDES

The following slides are samples from NIDA's slide packet called "Understanding Drug Abuse and Addiction: What Science Says." You can download the complete set of 31 slides from Join Together Online at **www.jointogether.org/NIDAslides/** or call (617) 437-1500 to request that the Power Point File be emailed to you. Or, ask for colored overheads if you prefer. You can also order either option through the faxback included in this kit.

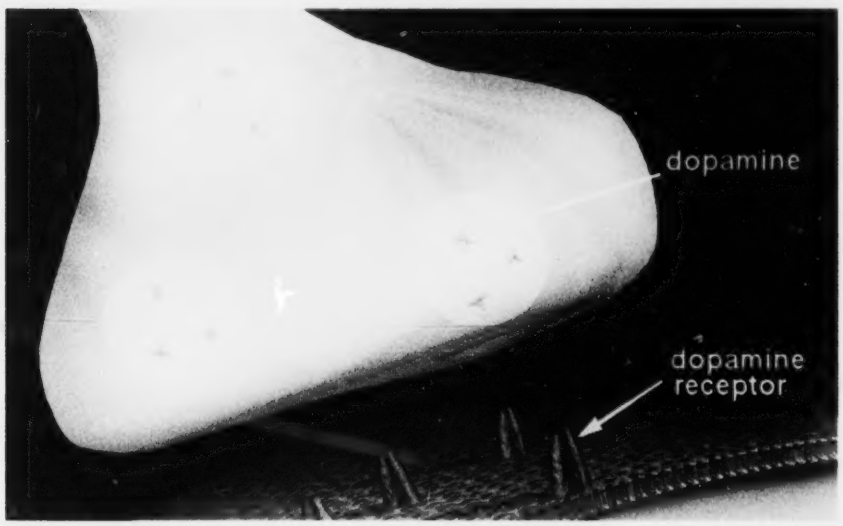


Brain Regions and Their Functions
Certain parts of the brain govern specific functions. For example, the cerebellum is involved with coordination; the hippocampus with memory. Nerve cells (neurons) connect one area of the brain to another. These connections form pathways to send and integrate information via electrical impulses through a process called "neurotransmission."



The Reward Pathway
One pathway important to understanding the effects of drugs on the brain is the Reward Pathway. The reward pathway consists of several parts of the brain highlighted in this slide: the ventral tegmental area (VTA), the nucleus accumbens, and the prefrontal cortex. When activated by a rewarding stimulus (e.g. food, water, sex), information travels from the VTA to the nucleus accumbens and then up to the prefrontal cortex.

Localization of Cocaine in the Brain
Using cocaine as an example, we can describe how drugs interfere with brain functioning. When a person snorts, smokes, or injects cocaine, it travels to the brain. Although it reaches all areas of the brain, it concentrates in a few specific areas, especially those associated with the reward pathway discussed in the previous slide.



Neurotransmission
As mentioned earlier, information is communicated in the brain via a process called neurotransmission. Neurotransmission involves a variety of chemical substances called "neurotransmitters." One such neurotransmitter is called "dopamine." In the normal communication process, dopamine is released by a neuron into the synapse (the small gap between neurons). The dopamine then binds with specialized proteins called "dopamine receptors" (see slide) on the neighboring neuron thereby sending a signal to that neuron.

PUTTING NIDA'S PREVENTION PRINCIPLES TO WORK

A number of local and national groups are putting NIDA's principles of prevention to work to increase their effectiveness in preventing drug use. Here are some examples of a few of the principles and how groups are putting them into practice. For the full list of prevention principles, see page 13 of this kit.

PRINCIPLE: *Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana, and inhalants.*
EXAMPLE: While more physicians today are beginning to understand the effects of alcohol, drug and tobacco use on their patients' health, fewer are up to date on the latest information on inhalant use and its consequences. That's why the American Academy of Child and Adolescent Psychiatry (AACAP), the American Psychiatric Association, the American College of Preventative Medicine and the American Medical Association have teamed up to educate physicians nationwide to help them recognize the signs and symptoms of inhalant use and discourage patients from experimenting with dangerous household substances. (For more information, call AACAP at 202-966-7300 or email: kpope@aacap.org.)

PRINCIPLE: *Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.*
EXAMPLE: A project in California engages students in conducting their own scientific research into the effects of drug use. This NIDA-funded initiative creates Drug Abuse Research Teams (DARTS) in communities across the state. Students explore such things as the effects of steroids, caffeine, alcohol and dietary supplements on the body and the mind. This initiative helps students understand the impact of drug use and also sparks their interest in science. (For more information, call the San Joaquin County Office of Education at 209-468-9028 or visit www.edserv.sjcoe.k12.ca.us/dart/home.html.)

PRINCIPLE: *Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.*
EXAMPLE: An innovative project in Northern Minnesota takes a multi-faceted approach to preventing underage drinking. The program, called Operation Northland, serves 24 districts in the state and focuses its work on three levels: reaching out through the family, through the school and through the community to change local norms about alcohol use by youth. This project is funded by a grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). (For more information, contact Operation Northland at 612-626-9070.)

PRINCIPLE: *Schools offer opportunities to reach all populations and also serve as important settings for specific sub-populations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.*
EXAMPLE: The Houston Safe Schools Initiative works through the local schools to reach youth at risk for substance abuse and violence. This program includes a Community Guidance Center that provides counseling for both youngsters and families who have problems and operates an alternative elementary school for children who need special attention. This initiative has helped reduce student arrests and has also created important relationships between the schools and the community. (For more information, contact Robert Adams at 713-699-3988.)

PUTTING NIDA'S TREATMENT PRINCIPLES TO WORK

NIDA's research has helped identify *Principles of Drug Addiction Treatment*. (A copy of this guide is included with this Kit.) Below are a few of these principles, along with examples of how groups are using them. Use these principles as a benchmark against which to measure your own community's approach to treating addiction. This information can also serve as a guideline to help advocate for needed policy changes locally and in your state.

PRINCIPLE: *Treatment needs to be readily available.*
EXAMPLE: San Antonio Fighting Back of the United Way takes an annual "snapshot" of local measures related to substance abuse and uses the findings, which are released in a Community Report, to guide local efforts. One of the important indicators that is followed over time is the accessibility of treatment in the target area. When this information is compared to the local need, it helps to create a clear picture of the community's situation. San Antonio's most recent report revealed that the number of people needing treatment had increased over a two-year period. The number of people enrolled in treatment programs also went up, but not proportionately. This means that there is still a gap that needs to be filled by making an adequate number of treatment slots available for all who need them. (For more information, contact San Antonio Fighting Back at (210) 271-7232. For more information about Fighting Back, visit www.fightingback.org.)

PRINCIPLE: *Effective treatment attends to multiple needs of the individual, not just his or her drug use.*
EXAMPLE: Project Neighborhood Inc. Fighting Back in Kansas City links with local utility companies to give treatment graduates a second chance. Up until now, many treatment graduates were being turned away from public housing developments because they were unable to get utilities because of past due bills. This made them ineligible to qualify for public housing. Through the new collaboration with local utility providers, treatment graduates can arrange a payment plan to clear up outstanding debt and get utility service at the same time, so they can have a place to live. This helps increase their chances to stay alcohol and drug-free. (For more information, call Project Neighborhood at (816) 842-8515.)

PRINCIPLE: *Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term use.*
EXAMPLE: The Women's Recovery Program (WRP) understands the importance of offering a wide range of services to meet the special needs of women. WRP's comprehensive services are provided through a special grant from the Ohio Department of Alcohol & Drug Addiction Services. The program offers case management, assessment/ screening, advocacy, transportation, women's support groups, life skills education, childcare, parenting training, children's support groups, referral for in-house primary medical care, vocational counseling and HIV prevention and education. In addition, it places a special emphasis upon meeting the needs of women offenders and women with a significant disability. (For more information, call (330) 434-4141 or visit www.commdrugbrd.org/women.htm.)

PRINCIPLE: *An individual's treatment and services plan must be assessed continually and monitored as necessary to ensure that the plan meets the person's changing needs.*
EXAMPLE: The RAND Corporation is currently conducting a study to find out how well adolescent treatment programs monitor and respond to the multiple needs of young adolescent probationers with a history of drug use. Funded by the Center for Substance Abuse Treatment (CSAT), this RAND Adolescent Outcomes Project is being carried out in cooperation with the Los Angeles Juvenile Courts, the Los Angeles County Department of Probation, the Phoenix Academy of Lake View Terrace, and six other adolescent group homes in Los Angeles County.

The study examines issues such as drug use, school performance, criminal behavior, family and living environment, and psychosocial functioning and productive activity. The results of this project will be used to help improve adolescent drug use treatment and prevention services in the future. (For more information, contact the RAND Drug Use Policy Center at (310) 393-0411.)

PRINCIPLE: *Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.*
EXAMPLE: A drug treatment and mentoring center in Wayne County, Michigan helps juvenile offenders with their drug and alcohol addictions. Under the new program, teens sentenced for felony crimes in Wayne County communities will be placed under the Growth Works umbrella. The nonprofit agency treats teen drug and alcohol abusers' multiple needs and helps to rehabilitate them by providing a wide range of counseling and other behavioral therapies they need as part of their treatment plan. (For more information, contact Growth Works at 734-455-4095.)

PRINCIPLE: *Treatment does not need to be voluntary to be effective.*
EXAMPLE: In Arizona, non-violent drug users who are charged with possession get sent to mandatory probation and treatment instead of prison. This is part of the state's Drug Medicalization Prevention and Control Act, which was first passed in 1996. As part of the Act, a Drug Treatment and Education Fund (DTEF) uses money collected from liquor taxes to cover the costs of placing drug offenders into specially targeted programs. In 1998, a total of 2,622 offenders were sent into treatment instead of jail or prison. Over three quarters of the participants (77.5%) tested drug-free after completing the program. (For more information, contact J.W. Brown, Director of Community and Media Relations for the Superior Court of Arizona, Maricopa County, at (602) 506-7378 or email: jwbrown@smtpgw.maricopa.gov.)

Methamphetamine is a Serious Problem in Some Communities

Methamphetamine use is associated with serious health consequences, including memory loss, aggression, violence, psychotic behavior, and potential cardiac and neurological damage. Methamphetamine use can contribute to higher rates of transmission of infectious diseases, especially hepatitis and HIV/AIDS. Cases of methamphetamine use are being reported in San Diego, San Francisco, Phoenix, Atlanta, St. Louis, Denver, Honolulu, Los Angeles, Minneapolis/St. Paul, Philadelphia, Seattle, Dallas, and many rural regions of the country. If you live in one of these cities where methamphetamine or other club drugs are a real problem, help to get the word out in your community that the use of this and other club drugs can cause serious consequences.

To learn more about the effects of different club drugs and to find out what you can do about this problem locally, visit www.clubdrugs.org.

WHAT YOU CAN DO AS PART OF YOUR STRATEGY TO REDUCE DRUG USE

Here are some suggestions of things you can do to help reduce drug use in your community. Share these ideas with others and work together to determine how you can best implement these and other action steps locally.

- Work with other groups to convene a town meeting to educate your community about the nature of drug addiction and its cost (economic, work productivity, health costs, etc.), as well as the need to make treatment available for all who need it. Present local data.

- Host a training to present NIDA Principles of Prevention and Treatment to social workers, physicians, nurses, treatment staff and others who work with addicts.

- Plan a briefing for the media. Share NIDA's research findings at a breakfast or editorial meeting. Present local data about drug use in your community.

- Use the NIDA Principles to evaluate your community's prevention and/or treatment services to determine areas that need to be strengthened. Chances are, some of the NIDA principles are already being followed by local programs but there may not be a widespread understanding of what is being done and why.

- Take this opportunity to share the latest knowledge about drug addiction with elected officials in your community and state. Encourage them to support effective policies, such as parity, which means that health insurance companies must provide the same degree and types of coverage for substance abuse treatment as they provide for other medical conditions.

- Work to overcome some of the stigma associated with addiction. Help others understand that drug addiction is a disease and not a moral weakness. You can begin to do this by using the analogy that people with cancer sometimes need to try a range of treatments in order to manage their disease and stop the progression. The same is true for some people with drug addictions.

- Reach out to other groups to create a communitywide strategy to acknowledge and support people who are in recovery. For instance, host an event at your statehouse close to Mother's Day to publicly recognize women in recovery. Invite legislators to participate in the ceremony, by presenting a certificate to mothers who are their constituents.

Take Action Against Club Drugs in Your Community

Club drugs are a growing problem in communities across the United States. That's why NIDA is partnering with the American Academy of Child and Adolescent Psychiatry (AACAP), Community Anti-Drug Coalitions of America (CADCA), Join Together, and National Families In Action to launch a national research and education initiative. Help get the message out locally that these drugs cause serious consequences. Educate the media, elected officials, police and young people about the risks. For more information, visit **www.clubdrugs.org**.

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ASSESS LOCAL PROBLEMS TO GUIDE YOUR EFFORTS

Strategies you employ in your community should be specifically tailored to utilize local resources to address local problems. Therefore, a strategy that addresses marijuana use among high school students is not the most appropriate choice to implement in your city or town unless this is the most pressing issue for you. It could be that excessive drinking or club drugs are the most serious issues among youth in your neighborhood. Or perhaps adult cocaine use is cause for greatest action locally. Use concrete facts and data to define local problems and decide where to focus your efforts. (For more information on using local data, see NIDA's "*Assessing Drug Abuse Within and Across Communities – Community Epidemiology Surveillance Networks on Drug Abuse,*" 1998. You can view this publication online on NIDA's website at **http://165.112.78.61/DEPR/Assessing/Guideindex.html** or download the PDF file. You can also order by phone by calling NCADI at 1-800-729-6686.)

- Review and analyze local drug use and epidemiology surveys done by groups in your community and in your state. See how your community compares with others in your area.
- Talk with your local health department, hospitals, drug treatment facilities, law enforcement agencies and the board of education in your community and ask them to share with you the data they regularly collect. This information will help to paint a picture of what is happening in your city or town.
- Convene focus groups to find out people's knowledge about drug use in your community. Be sure to include people who are in recovery.
- Follow data over time to identify local trends and emerging problems. You will also be able to tell where your work is having an impact or see new drug use that needs attention.
- Use Geographic Information System mapping or ethnographic studies, which apply a systematic process to map out areas where different problems exist in communities. These "pictures" illustrate those neighborhoods where multiple problems co-exist, painting a telling story. For instance, you may see a concentration of crime, emergency-room admissions related to drug use, high unemployment and lack of public transportation all in one neighborhood. This information can help to alert community leaders to a need that exists and can help inform future policy decisions and potential programs.

NIDA Research Forms the Basis for Training Treatment Providers in Massachusetts

The Wayside Youth and Family Support Network in Framingham, Mass., is using the NIDA principles to help local treatment providers be more effective. Wayside is a multi-service agency with many different types of treatment programs under its umbrella. Elizabeth Reid, Vice President of Clinical Services, first became excited about NIDA research when she attended a conference jointly sponsored by NIDA and Join Together in the summer of 1999. She said seeing the research presented by NIDA staff gave it a stronger impact than just reading about it in a report or pamphlet. She decided to model this method of learning by presenting the findings to others in her community who could also benefit from the latest knowledge about addiction as a brain disease and could implement some of the prevention and treatment principles to strengthen their own programs. Reid conducted a series of trainings for local service providers using the NIDA information and provided ideas of how to apply these concepts to their own work. She downloaded slides from NIDA's website and used these as the basis for her presentation to give it more weight. These trainings have already had an impact on the way that people do their work. Reid stated that a number of clinicians said that they plan to use the NIDA information with their clients, and refer to the actual slides and information as a real prevention tool. For more information, contact Reid at (508) 879-9800, ext. 237 or email: ereid@waysideyouth.org.

The following NIDA Op-Eds appeared in major daily newspapers. Ask your local newspaper to reprint the information – either as is or with some local statistics and anecdotes added to make it even more relevant in your community. We also encourage you to run these in your own newsletter or post them on your website. In addition, share them with other groups and professional organizations and suggest they include them in an upcoming issue of their newsletter, journal or other publications.

Commentary

Los Angeles Times

FRIDAY, JUNE 11, 1999

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Why Shouldn't Society Treat Substance Abusers?

■ Drugs: Let's get past the moral outrage and use available solutions to help addicts and, in turn, to help everyone.

By ALAN I. LESHNER

Imagine a debilitating disease for which there are effective treatments. Imagine that this treatable disease costs society $110 billion a year. Can you imagine not using the treatments? It seems unfathomable, but that often is the case with the treatment of drug addiction.

Addicts are frequently denied treatment that would not only improve their lives, but also would improve our own lives—by cutting crime, reducing disease and improving the productivity of employees and the economy.

People are polarized on the issue of treatment: They are either strong advocates for treating addiction or they hate the idea. People debate with passion whether treatment works or not, which approaches are best and whether treatments such as methadone simply substitute one addiction for another.

From my observation post, the core of the issue cannot be simply whether drug treatments are effective or not, since there already is abundant scientific data showing that they are. In fact, research shows that drug treatments are as, or more, effective than treatments for other chronic disorders, such as forms of heart disease, diabetes and some mental illness.

The central issue for many people is whether addicts should be treated at all. I frequently hear people ask: Do they really deserve to be treated? Didn't they just do it to themselves? Why should we coddle people who cause so much societal disruption? Shouldn't they be punished, rather than treated? Even many people who recognise addiction as a disease still get hung up on whether it is a "no-fault" illness.

Science has brought us to a point where we should no longer focus the drug treatment question simply on these kinds of unanswerable moral dilemmas. From a practical perspective, benefits to society must be included in the decision equations. The very same body of scientific data that demonstrates the effectiveness of treatments in reducing an individual's drug use also shows the enormous benefits that drug treatment can have for the patient's family and the community.

A variety of studies from the National Institutes of Health, Columbia University, the University of Pennsylvania and other institutions all have shown that drug treatment reduces use by 50% to 60%, and arrests for violent and nonviolent criminal acts by 40% or more. Drug abuse treatment reduces the risk of HIV infection, and interventions to prevent HIV are much less costly than treating AIDS. Treatment tied to vocational services improves the prospects for employment, with 40% to 60% more individuals employed after treatment.

The case is just as dramatic for prison and jail inmates, 60% to 80% of whom have serious substance abuse problems. Science shows that appropriately treating addicts in prison reduces their later drug use by 50% to 70% and their later criminality and resulting arrests by 50% to 60%...These data make the case against warehousing addicts in prison without attending to their addictions.

Successful drug treatment takes a person who is now seen as only a drain on a community's resources and returns the individual to productive membership in society. Best estimates are that for every $1 spent on drug treatment, there is a $4 to $7 return in cost savings to society. This means that dwelling on moralistic questions, such as who deserves what kind of help, blocks both the individual and society from receiving the economic and societal benefits that can be achieved from treating addicts.

It is true that the individual initially made the voluntary decision to use drugs. But once addicted, it is no longer a simple matter of choice. Prolonged drug use changes the brain in long-lasting and fundamental ways that result in truly compulsive, often uncontrollable, drug craving, seeking and use, which is the essence of addiction. Once addicted, it is almost impossible for most people to stop using drugs without treatment.

It is clearly in everyone's interest to rise above our moral outrage that addiction results from a voluntary behavior. If we are ever going to significantly reduce the tremendous that price drug addiction exacts from every aspect of our society, drug treatment for all who need it must be a core element of our society's strategies.

Alan I. Leshner is director of the National Institute on Drug Abuse at the National Institutes of Health.

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ALAN I. LESHNER

The sense in saving drug addicts

More than 4 million Americans are addicted to drugs, and fewer than half of them have received any treatment. Many of the remaining millions have actively sought treatment but have been turned away for lack of programs and resources. The consequence of this severe nationwide shortfall in resources is unnecessary devastation for the addicts, their families, employers, and communities.

Consider these facts:

■ Lost work-force productivity due to drug abuse costs the nation at least $14 billion annually, including losses due to unemployment, impairment, absenteeism, and premature deaths. On the other hand, research shows that treatment increases the likelihood of employment by 40 percent or more.

■ Crime related to drug addiction costs the nation an estimated $57 billion per year, not including victims' and law officers' medical costs. However, research has shown that addicts who undergo treatment are 40 percent less likely to be arrested for violent or nonviolent crimes.

ILLUSTRATION / TIM BRINTON

Addicts who receive appropriate treatment in prison are 50 to 60 percent less likely to be arrested again during the 18 months following their release. According to several conservative estimates, every $1 invested in addiction treatment yields a return of $4 to $7 in reduced crime and criminal justice costs.

■ Drug abuse treatment reduces injection drug users' risk of spreading HIV and other infections by as much as 60 percent, and abstaining addicts do not need costly emergency room treatment for overdoses.

Making high-quality drug addiction treatment widely available can alleviate much of the devastation caused by drugs in the United States. However, treatment receives relatively little support from the public. Why? The underlying problems are a lack of understanding of the true nature of drug addiction and failure to recognize the effectiveness of its treatment.

The prevailing perception is that drug addiction is simply willful and defiant antisocial behavior. This leads to the attitude that addicts do not deserve help. And if a treated addict relapses to drug use, the fall is attributed to bad character.

These might have been defensible points of view 30 years ago, based on what was then known about addiction. However, modern science has since shown them to be completely off the mark.

Most untreated addicts cannot resist abusing drugs, even in the face of severe negative health and social consequences. This compulsion comes about because prolonged drug use causes structural and functional changes in the brain. With modern brain-imaging techniques, scientists actually can see these dramatic alterations in brain function.

For some people, the fact that voluntary drug abuse precedes addiction means that addicts do not deserve treatment. This same logic would suggest that we should not offer treatment to people with many other chronic diseases, almost all of which involve a combination of vulnerability and choice. In hypertension, for example, there is an underlying vulnerability, but the impact of the disease depends on diet, exercise, and whether one chooses to work at a stressful job.

This does not mean drug addicts should be absolved of responsibility for their actions. On the contrary, the addict must actively participate and comply with treatment regimens if the outcome is to be successful.

Many treated addicts relapse, but it is wrong to conclude that treatment has failed, or that the addict is incorrigible. Most addicts, like most patients with asthma or hypertension, gain control over their disease gradually, often over the course of many treatment episodes. Drug abuse treatment should be judged by the same criteria used for other chronic disease interventions: Will it help lengthen the time between relapses, ensure that the individual can function fully in society, and minimize long-term damage to the body?

A variety of studies from the National Institutes of Health, Columbia University, the University of Pennsylvania, and other institutions have all shown that drug treatment reduces use by 50 to 60 percent. This success rate is not ideal, but it is comparable to – or better than – the results of treatments for many other chronic diseases including diabetes, hypertension, cancer, depression, and heart disease.

Moreover, medical research is making addiction treatment better all the time. Science is equipping treatment providers with more and better tools to tailor treatment to individual patients' needs, as determined by his or her choice of drug (or drugs), the addiction history, as well as concurrent diagnoses, such as HIV/AIDS or depression, and environmental factors.

The conclusion is inescapable. As much as one might deplore the addict's initial decision to take drugs, it is clearly in everyone's interest that we rise above our moral outrage and offer treatment to all who need it.

A variety of recent proposals suggest that the country may at last be ready to abandon discredited, self-defeating ideas about drug addiction. These proposals would increase financing for more treatment slots, expand the breadth and usefulness of treatment research, equalize health insurance coverage for drug addiction treatment when compared with other medical treatments, and expand treatment for addicts involved in the criminal justice system.

The sooner these proposals move forward, the sooner the national nightmare of drug addiction will abate.

Alan I. Leshner is the director of the National Institute on Drug Abuse at the National Institutes of Health.

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NIDA'S PREVENTION PRINCIPLES

This information comes from NIDA's Booklet, "Preventing Drug Use Among Children and Adolescents." We encourage you to copy this list and share it with others in your community. Compare these principles with the programs and activities underway in your community.

- Prevention programs should be designed to enhance "protective factors" and move toward reversing or reducing known "risk factors."
- Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana, and inhalants.
- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use.
- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- Prevention programs should include a parents' or caregivers' component that reinforces what the children are learning-such as facts about drugs and their harmful effects-and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.
- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when they are accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.
- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.
- Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.
- Effective prevention programs are cost-effective. For every dollar spent on drug use prevention, communities can save 4 to 5 dollars in costs for drug abuse treatment and counseling.

ORDER FORM AND FAXBACK QUESTIONNAIRE

Join Together and NIDA would like to know how you plan to use the information presented in this kit to strengthen prevention and treatment efforts in your community. Please take a few minutes to answer the following questions and fax this back to:

LISA ELLIS
(617) 437-9394

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Do you receive NIDA publications? ____ Yes ____ No

Have you tried to apply NIDA's prevention and treatment principles to your organization's work or to other efforts underway in your community in the past? ____ Yes _____ No

If yes, please explain: _____

If no, do you plan to in the future? ____ Yes _____ No

What are some of the ways you might use the material we provided in this kit in the future to strengthen your community's strategy to reduce drug abuse? (please specify)

_____ Share it with others (pleased specify below)

____ board members ____ local media ____ colleagues ____ clergy/faith community

____ elected officials ____ coalition members ____ youth group ____ health care providers

____ others: _____

_____ Use it to build alliances with other groups

____ Educate the public through the local media

____ Evaluate existing programs: ____ prevention ____ treatment *(check either or both)*

____ Other (please explain): _____

Do you plan to start any new projects or activities as a result of the information we provided?

_____ Yes _____ No

If yes, please explain:

❑ ***Please check this box to have a Power Point File of NIDA's slides emailed to you at: _____ (include email address here) .***

❑ ***Please check this box to have colored overheads of the slides sent to the street address listed at the top of this form.***

****Remember that you can also download the slides from** **www.jointogether.org/NIDAslides/.**

Thank You!